



MAIL TO:
BUREAU OF VITAL STATISTICS
CITY HALL, 198 N. WASHINGTON ST.
ROME, NEW YORK 13440

Request for copy of BIRTH CERTIFICATE

Please send stamped self-addressed envelope

Please Type or Print

WE DO NOT ACCEPT PERSONAL CHECKS

FEE: \$10.00 per copy (non-refundable)

Make money order payable to: Bureau of Vital Statistics

APPLICANT

You **must** include a copy of your current photo I.D. (driver's license) or have your signature notarized by a notary public. If you cannot do either of the above, call (315) 339-7756 for other suggestions.

Number of Copies: _____ Full names must be furnished, please do not use initials

BIRTH NAME: _____	DATE OF BIRTH: _____
PLACE OF BIRTH: _____	
FATHER'S NAME: _____	
MOTHER'S FULL MAIDEN NAME: _____	
PURPOSE FOR WHICH RECORD IS REQUIRED (REASON NEEDED): _____	

What is your relationship to person whose record is required? If self, state "Self". _____

Birth certificates are issued only to person him/herself, legal parents or representatives.

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant: _____

Address of Applicant: _____

Date: _____ Daytime Phone# _____